## **DEPARTMENT OF RETIREMENT SYSTEMS**

P.O. Box 48380, Olympia, Washington 98504-8380 (360) 664-7000

## **FINAL COMPENSATION REPORT**

Member Name		SS#	Retirement Date
Department #	Employer		
ANNUAL LEAVE			
How many hours of unused annual leave did employee have			ne of retirement?(Line 1)
How many hours of a	inserting the figur	r annual leave at time of retirgure use this formula es from above: = \$ Line 2) each month?	(Line 2)
SICK LEAVE			
How ma	total dollars employee was paid To arrive at this figure use t inserting the figures from al	did employee cash-out at time yee paid for sick leave at time employee was paid for sick d for sick leave at time of retir this formula bove:  X = \$	e of retirement?  (Line 3)  e of retirement?  (Line 4)  leave cash-out:  (Line 5)
How many hours of sick leave did employee earn each month? Did employee cash out sick leave other than at time of retirement? (Check one) Yes No Were any sick leave hours converted to annual or personal leave hours? (Check one) Yes No If "Yes," how many hours converted? When were they converted? ***PLEASE SUBMIT A COPY OF CONTRACT THIS EMPLOYEE WAS EMPLOYED UNDER***			
Completed By		Telephone	E-Mail Address
Please call at (360) 664-7000 for questions regarding this form.			

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